

# Accident Witness Statement

(to be completed by the accident witness.)

Name of Injured: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Part-Time / Full Time \_\_\_\_\_ Time Normally Worked: \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Time of Accident: \_\_\_\_:\_\_\_\_  
circle one

Location of Accident: \_\_\_\_\_  
Address Area (loading dock, desk, etc.)

Describe fully how accident occurred (including events that occurred immediately before the accident):

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Describe bodily injury sustained (be specific about body part(s) affected):

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Name(s) of other Witness(es): \_\_\_\_\_  
\_\_\_\_\_

Recommendation on how to prevent this accident from happening in the future:

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Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_